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AUTHOR Walker, Mary; And Others
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ABSTRACT

The handbook, intended for rural citizens seeking to improve health care in their communities, concentrates on assessment of community health care. Sections cover four steps of the community assessment process, i.e., self preparation, organization, community identification of problems and goals, and community action plan development. "Step One: Self Preparation," contains six activities addressing the community, its citizens, and health services. "Step Two: Organization," provides two activities dealing with eliciting participation from the community, organizing Core Action Groups, and convening the first community meeting. "Step Three: Community Identification of Problems and Goals," contains six activities aimed toward getting as much advice from the community as possible. "Step Four: Action Plan Development," contains four activities addressing the development of goals and a plan of action for dealing with community health services. Each of the four sections contains a checklist and a set of questions pertinent to the materials covered in the section. Appended is the "Data Outline for Community Health Assessment" instrument. (AH)

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Community Assessment, Health Care, and You: A Handbook for the Concerned Citizen

Prepared by:

Mary Walker, R.N., Ph.D., FAAN
Program Director

Beth Monninger, R.N., M.S., CFNP
Research Associate

Donnie Robinson-Caire, MSW
Research Associate

Texas Rural Health Field
Services Program
University of Texas
School of Nursing
1700 Red River
Austin, Texas 78701

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THE PURPOSE OF THIS HANDBOOK

- To encourage concerned rural citizens to seek ways to correct health care problems in their communities.

- To help concerned rural citizens with self-preparation for taking action to correct health care problems in their community.

- To help concerned rural citizens organize for taking action to correct health care problems in their community.

- To help concerned rural citizens carry out a plan of action to correct health care problems in their community.

INTRODUCTION

This handbook is directed to you, the concerned, rural resident, who feels there is a problem with health care in your community and is seeking ways to correct this problem. There is a strong probability that you may have found that your community has problems attracting and keeping physicians, nurses, and dentists. You might also have found that you must travel long distances to receive the health care you need. Simple health care services such as health screening may not be available in your community. These and other concerns, such as a lack of emergency treatment, poor housing, or a lack of transportation, are not new to rural areas. Whether you and your community have a number of concerns or just one or two problem areas, you will find that by using the community assessment process, you and other community members can better define these concerns and devise a plan of action to solve the health care problem(s).

The process of assessing community-wide concerns does not necessarily require the skills of a professional organizer or planner. It is feasible for you, the concerned citizen, to take an active role in the community assessment process. Who better than you and your neighbors know the needs in your community?

This handbook concentrates on the assessment of your community's health care. By taking a thorough and objective look at the health care in your community, you and other concerned citizens will learn how community development comes about. Community development is dependent on the first step, assessment. After assessment is completed, strategies or plans of action must be identified, implemented, and evaluated. While the

assessment process alone will not provide the needed changes, it will provide you with a basis for a specific, concrete plan of action.

THE FOUR STEPS OF THE COMMUNITY ASSESSMENT PROCESS

There are four steps in the Community Assessment Process:

Step One: Self-Preparation

Step One allows you a period of time to prepare for the efforts that lie ahead. Before you can expect to successfully gain the support of others, you must first gain a workable knowledge of the specific health care concern(s) and your community. This knowledge will help you feel more confident about being involved in community planning and more effective in persuading others that they also should be concerned and involved.

Step Two: Organization

Step Two provides you with an opportunity to use some of the knowledge and confidence you have gained in the self-preparation step. You actively seek the involvement of others and request their membership in a Core Action Group of volunteers who will accept responsibility for coordinating the community assessment process. This Core Action Group of volunteers will work with community members to clearly identify the community's health care concern(s).

Step Three: Community Identification of Problems and Goals

Step Three is the point at which all members of the community are encouraged to contribute to the community assessment process. Community residents will be introduced to the assessment process and become active participants in identifying and prioritizing problems and goals. The real extent of the health care concern(s) is discovered through communication and active participation of as many community members as possible.

Step Four: Community Action Plan Development

> Step Four begins once community members have worked with the Core Action Group to identify and select goals. These goals are presented and discussed at a Town Meeting and a plan of action is devised. All residents are asked to assess the relevance of this plan before steps toward implementation are taken.

By utilizing these steps and the related exercises, you will be able to thoroughly identify your community's strengths and weaknesses and the way these are affecting your community's access to better health care. These steps can also help create a more confident, well-informed, and unified community. The more involved your community becomes in the process, the more likely it is that goals will be achieved and problems solved.

STEP ONE: SELF-PREPARATION

The first step of community assessment, that of Self-Preparation, begins when you start learning more about the health care concern(s) you have intified in your community. It is quite possible that you, as a concerned citizen, have no background in medical or health care, or about the techniques and tactics behind community organization and planning. While a medical crisis for you or someone you know may have made you aware of the concern(s), you will need information, as well as the emotional investment you may have. It is for these reasons that we feel self-preparation is so important. Before you can get your fellow residents interested in mutually assessing the community's health care, you must learn to objectively assess your community. You must feel confident about your contribution so you can be effective in recruiting others for this effort in proposing change.

CONCERNS ABOUT

HEALTH CARE

Activity 1: Talking with Others

You may want to begin self-preparation by casually talking with friends and other members of the community. Do they see the same problem(s) you do? Do they see other problem(s)? Do they express a desire for the community to be different? If so, then your concern for the community must hold some validity and is worth pursuing further.

Activity 2: Your Community's History

Objectivity and general knowledge of the community can be achieved by studying your community's local history and customs. Even though many communities suffer from the same type of problems you're finding, each community has a unique view of these problems. By knowing more about your community's history and noting how the community addressed problems in the past, you will be able to learn a lot about how your community functions. Talk to older citizens who have lived in the community a long time. Read old newspapers. Ask the librarian for historical information. This background helps you and others to understand how the community came to be and how it has accepted change throughout the years. By recognizing this uniqueness, it is easier for your community to solve its health care problems.

Activity 3: Observing Your Community

To further increase your objectivity of the community, draw or obtain two maps: a state map and one of your community. On the state map observe where your community fits with the county and the rest of the state. Label the health care resources within the county/state which are most often utilized by members of your community. How far away are hospitals, emergency rooms, specialists, mental health facilities? How many people

use these services? How often? Who are these individuals? The other map should be of your community. Label all groupings, schools, churches, health related facilities and businesses as well as natural boundaries such as highways and rivers.

Activity 4: Collecting Data

Complete as much information as possible in the Data Outline for Community Health Assessment. (This form is on p. 29.) You may want to work with others in finding this information. The librarian, agricultural agent, school principal, health department, newspaper editor, sheriff's office, banker, hospital administrator, and chamber of commerce will be very helpful to contact for these facts.

Activity 5: Objective Viewpoint

Increase your knowledge of the community by talking with other members of the community. Many of the town's "formal leaders," such as the mayor, school officials, the sheriff, and city commissioners can provide you with information on how community planning and problem solving is approached. From these individuals, ask for names of other individuals or groups who have expressed an interest or concern about the same type of health care problem(s) you have found. Next, talk with individuals in your community that have a specialized knowledge about health care. These individuals might include a nurse, physician, hospital administrator, emergency medical technician, dentist, social worker, and pharmacist who work in private or public health agencies. They can help you have a broader view of the area of concern(s) you have identified.

People who may have been personally affected by a lack of health care in your community are another source of information. Seek these people out and request documented case histories illustrating problems in obtaining health care.

Activity 6: Review and Evaluate Step One.

After these activities have been completed, you will have a much greater knowledge of not only the specific health care concern(s), but you will also have a greater understanding of your community and its ability to organize and change.

Review Step One by completing this check list:

Talked with friends and others in the community _____

Studied the community's history _____

Labeled health resources on a map of your state _____

Labeled facilities, schools, churches, and businesses on a map of your community _____

Completed the Data Outline for Community Health Assessment _____

Talked with other members of the community about the health care concern(s) _____

Evaluate Step One by answering these questions:

Have the state and community maps helped you to identify areas of strength and weakness in your present system of health care?

Do the history and values of your community give you a background for what is happening now?

Does the Data Outline give you adequate information about community resources?

Did interviews with community leaders, health providers and other individuals create a sense of what direction your community can take?

If you can answer "yes" to these questions, you have completed the first step of Self-Preparation. Congratulations! You are ready for Step Two: Organization.

If you still feel uncertain about telling others about your concern with the health care in your community, then you should turn back and review your information or talk to some others in your town until you feel more at ease. At the end of this self-preparation phase, you should be able to comfortably and clearly discuss the health concern(s) with others.

STEP TWO: ORGANIZATION

The second step in community assessment is organization. The main goals of this step are:

(1) to recruit and enlist the support of other community members; and

(2) to organize a Core Action Group.

In the early phases of this step of the Community Assessment Process you have distinct priorities: (1) select and invite members of the community to become members of the Core Action Group, and (2) plan and conduct the initial meeting of the Core Action Group. After this first meeting of the Core Action Group, your role as a concerned citizen will begin to change. While at first, your concern led you to pursue an interest in a problem that many had ignored, you will now have the help and support of other interested community members. You will then become a member of the group and work for the goals and strategies put together by that group.

Activity 1. Recruiting Community Participation

Now you are ready to organize interested community members and form a Core Action Group. The purpose of the Core Action Group is to have several interested persons who will take responsibility for organizing community efforts to solve the health care problem(s). The group can represent various interests in the community,

such as businesses and other organizations, various ethnic or age groups, or special interests of a specific area in town. Be sure to include a number of persons who have expressed a particular concern about the identified problem(s). If you have people with a wide variety of interests involved, you will generate many ideas for strategies to use in solving the community's health problem(s). Some of the community leaders, health care providers, and other individuals who have had first hand experience with the problem(s) you have identified might be good members of the Core Action Group. Members of the group will carry out a number of different activities throughout the remaining steps of this community assessment process. You need those who cannot only think of solutions, but who can work together and stimulate action on the part of the whole community. Important skills to look for are the ability to listen to others, to present ideas, to work in a group, to complete tasks, and to follow through on decisions.

You need to set a date for an organizational meeting. Then, send a letter or call potential Core Action Group members to ask them to come to the meeting. You should offer a clear and concise explanation of what you see as being the health care concern(s). Appeal to their community interest in requesting that they attend this meeting with you and other interested citizens. The basic concept of the Core Action Group should be mentioned. Request that they extend the invitation to others who they think may be interested in helping.

Activity 2: That First Meeting

Three purposes for the first meeting should guide your plans:

(1) Sharing information;

(2) Generating ideas from participants in the meeting; and

(3) Organizing a Core Action Group.

Group participation does not just happen. Planning for ways to get people involved in your project will pay off. Establishing the purposes of the meeting and considering ways to conduct the meeting will be helpful. Plan to start your meeting with some time devoted to acquainting members with one another, even if you think everyone knows everyone. Encourage participants to share their reasons for coming to the meeting.

Then, describe the problem(s) and identify that the purpose of the meeting is to form a Core Action Group who will organize community efforts. One way to begin this discussion is to introduce your state and community maps and share other information gained through your Self Preparation. You should be prepared to defend your position that a problem does indeed exist. Share your ideas about the the gaps that exist in health care in your area. Assure participants that they, as potential Core Action Group members, can do something about problem(s).

Be prepared to lead the discussion in such a way that the ideas of all those present are considered. Participation in group discussion can be increased by encouraging reaction to your ideas, and inviting everyone to share personal health care experiences in the community. Answer all questions as fully as possible.

Suggest that the group spend some time brainstorming--this is a good way to stimulate new ideas. Encourage suggestions of any kind, no matter how offbeat or unusual. The point is to generate as many alternative ideas as possible. At the end of a period of time, review all of the

suggestions. In light of what is possible for the community, some suggestions may be thrown out, while others are refined and modified.

Now is a good time to select a leader and a secretary/recorder. The leader should call, organize, and guide meetings. The secretary should record ideas, topics, and plans that are discussed in the meeting. These notes will be the beginning of a group journal, which will be helpful throughout the assessment process. The journal or notebook helps the group to plan and follow a direct line of action. It also documents progress over time.

You have now explored ideas, shared information, brainstormed to generate ideas, and selected a leader and a secretary. Now, identify those who are willing to work as members of a Core Action Group.

By the end of the first meeting the Core Action Group will want to begin to list responsibilities and tasks for the group. The tasks may include the collection of additional information, but should be focused on ways to involve the entire community. This community involvement is the key to a successful solution to your problem. By involving the entire community, you will establish that a problem either exists or doesn't exist and have the backing of both the community-at-large and those in power (government, business, and other organizations).

Activity 3: Review and Evaluate Step Two.

After completing these activities, you will have an organized Core Action Group who will work with all community members toward solutions to the health care concern(s).

Review Step Two by completing this check list:

Recruited others who are concerned about the problems to attend an organizational meeting _____

Had that first group meeting

Shared information gained through Self Preparation _____

Encouraged all to express and discuss ideas _____

Brainstormed with the group _____

Selected a leader and secretary/recorder _____

Recorded discussions in the meeting in a notebook _____

Identified Core Action Group members _____

Listed responsibilities and tasks for the Core Action Group _____

Set date for next meeting _____

Evaluate Step Two by answering these questions:

Were others from the community willing to attend the organizational meeting and freely discuss health care concern(s)?

Is the Core Action Group comprised of persons willing to work together and carry out responsibilities?

Is the group organized so that activities are identified and recorded?

Is each individual aware of the beginning list of tasks for the group, so he or she can review these before the next meeting?

If you can answer "yes," congratulations! Proceed to Step Three: Community Identification of Problems and Goals. If not, continue to work on activites in Step Two until the Core Action Group is ready to work with the community.

STEP THREE: COMMUNITY IDENTIFICATION OF PROBLEMS AND GOALS

The purpose of this step, community identification of problems and goals, is to get as much advice from the community as possible. Core Action Group members should obtain community advice in two areas; (1) collection of additional information about health care problem(s) or other concerns, and (2) definition of goals for the community. It is important to follow this sequence because goals chosen before the full extent of the problem is realized will not be appropriate nor accepted by the community. This step results in the involvement of the entire community.

Activity 1: Planning the Involvement of the Entire Community

At its second meeting, the Core Action Group should get out the community map. Identify specific neighborhoods and sections of town which suggest that residents there spend a lot of time talking and socializing with each other. There may be sections of town such as east of the water tower or the new section on the west side; perhaps there is a two block neighborhood in the northern part where residents often visit with each other and generally feel they have a great deal in common. Look closer at the map, look now for the more isolated neighborhoods. Are there any physical barriers to these neighborhoods, is there a highway or river

dividing the neighborhood from the community? Are there distinct boundaries between neighborhoods? Do you see some neighborhoods where they carry on a high level of activity outside the community? Divide the community map into areas according to the neighborhoods or sections you have identified.

Activity 2: Information Gathering from the Entire Community

Now assign one or more Core Action Group members to each area. Every family in each area should be contacted by the Core Action Group member(s) assigned to the area. The goal is to talk with all citizens in the community and to collect additional information about the health care concern(s). During visits to homes the information about the community and the health care concern(s) can be shared with individuals and families. Encourage responses to the information and sharing of ideas. Core Action Group members should record these responses and ideas, as well as new information obtained.

After visiting each home, the Core Action Group member may want to hold area group meetings. Small and frequent meetings are likely to get more community members to come forth with questions and problems. Find ways to stimulate interest in the concern(s). Perhaps informal discussions with some of the persons identified in Step One would be useful. Use maps and other visual aids to show that meetings and other efforts are taking place in other parts of the town. List suggestions from individuals. Encourage participation in the meetings, using all the methods identified in Step Two for the initial Core Action Group meeting.

Remember, while you and a few others are concerned about health care in your community, many of the other community members may have long ago given up on any possibility of resolution and closed their eyes to the existence of the problem(s). Some may have sought health care outside the community. Others may wish to ignore how some of the residents--the elderly, the poor, the very young--are still handicapped by the inadequacy of the health care available in the community. Many community residents have probably acquired a high level of tolerance to the problem(s). They may need to be approached in a logical, practical way and invited to attend and participate in meetings. Kindle their interest in the health care concern(s). They will then be more likely to become a participant in the community's identification of problems and goals. This is what the community assessment phase tries to achieve--to hear the voices of all those in the community.

Activity 3: Collecting Information and Concerns

The next Core Action Group meeting should involve sharing the results of all of the community discussions, focusing on additional information and viewpoints obtained. The concern(s) should be discussed and modified to reflect any new and relevant information. By compiling information and ideas from the whole community the Core Action Group should have a much more complete picture of the health care concern(s). The problem(s) now

identified may be of greater consequence than first anticipated or additional information may show that the problem(s) are of less concern to the community than expected. Whatever the findings, the Core Action Group has proven itself to be a working, functioning body. The result should be a more clearly and precisely defined problem area.

If more information is needed or the problem(s) is bigger than expected, the Core Action Group and community area groups may need to have a series of meetings. It is important to allow an adequate amount of time so that all community members have had the opportunity to offer information and ideas to the Core Action Group. Repeat Activities 2 and 3 until the Core Action Group feels that the information and list of concerns are complete.

Activity 4: Developing Priorities

When the Core Action Group believes that problems and concerns have been fully identified, they should plan to meet again with citizens in their respective areas to prioritize concerns in preparation for developing a plan of action.

Prioritizing is a process of identifying the community's most important concerns. Everyone needs to have the opportunity to help decide which concerns are more important than others. It is essential that all the people in each area meet with their Core Action Group members and work toward developing a priority list.

Each area group should carry out a voting process so their list reflects their opinions and is arranged in order of their preference. One way to develop this list is to have each person at the meeting rank items in order of importance. Scores can be given to each item, according to its place on the list. For instance, first on the list is given 1 point, second 2 points, etc. Tally the scores for each item from all the lists. It may be necessary to repeat the process one or more times because of ties. Items on the final list will be put in order of scores received. The item with the lowest number of points is the most important. The item with the highest number of points is the least important.

Discussion should be encouraged in the group during this voting process. The important thing is to continue to have as much involvement of as many people in the community as possible.

When all of the area groups have decided on their priorities, the Core Action Group members should meet, add up the scores, and list the concerns by priority. Remember the item with the lowest total score is priority one, second lowest total score priority two etc. The result should be a prioritized list of health care concerns that reflects the opinions of the whole community.

Activity 5: Goals Designation

After a community list of priorities is complete then it is appropriate for the Core Action Group to begin dicussing goals they want to see achieved. The process of defining these goals should be approached with great care. You need to be aware that the first tendency will be to vaguely describe some future point in time when health care conditions

will be improved without identifying specific goals. Goals should be written for each priority.

Good goal definition demands that two questions be answered--is the goal really what the community wants? Is it something that is possible to do? The purpose of the next few meetings is to answer the first question. You will want to continue neighborhood/area meetings so community members can determine whether or not achievement of a certain goal will result in an improved situation. Citizens must be creative and thoughtful in this process and not be concerned right now with the second question--is it possible? If the prospects of reaching a goal are considered too soon, you may find that good ideas and creative thoughts are being inhibited. Core Action Group meetings should also continue so the group can support one another and maintain community involvement.

As meetings occur, community members will begin to fall into several categories. You will be able to identify those who actively support the project and those who are stridently opposed to it. There will be others who offer no objections to the project but only listen and provide passive support. All of these elements are necessary. The opposing community members make the active and influential members, the doers, reveal themselves and establish their role as "informal leaders" who work to reduce forces of the opposition. Once declared, these informal leaders will seek out and rally the support of fellow community members. They may be able to reach those who were uninterested and not even attending the meetings. This process is important and results from the continued involvement of all members of the community in all steps of the community assessment process.

Activity 6: Review and Evaluate Step Three.

When you complete these activities, you will have a prioritized community list of concerns that you have been able to develop through the participation of community members. The community will also have started to identify the goals that they want to achieve.

Review Step Three by completing the check list below:

Identified neighborhoods/areas of town at the second Core Action Group meeting _____

One or more Core Action Group members assigned to each neighborhood/area _____

Discussed health care concern(s) with every community member (by visits to homes and small group meetings) _____

Shared new information from the community at the next Core Action Group meeting _____

Had more neighborhood/area group meetings if more information is needed and to identify a final list of health care concerns _____

Prioritized health care concerns at neighborhood/area meetings _____

Developed a community prioritized list of health care concerns _____

Defined goals _____

Evaluate Step Three by answering the following questions:

Has the Core Action Group members continued to stimulate the participation of all community members in meetings?

Have neighborhood/area groups prioritized problems before identifying goals?

Has the Core Action Group helped the community identify priorities and goals through a series of meetings to share information and organize activities?

If yes, "Congratulations!" You are ready to move on to Step Four: Action Plan Development.

If not, continue to meet with neighborhood/area group and Core Action Group meetings until you have prioritized concerns and identified goals.

STEP FOUR: ACTION PLAN DEVELOPMENT

This is the final step of the community assessment process. The goals of this step are:

(1) to have a town meeting to discuss the identified goals; and

(2) to devise a plan of action for your community.

The Core Action Group can continue to inspire community action by assembling information that will help the community determine the feasibility of goals, promoting the development of a plan of action, and organizing Town Meetings.

Activity 1: Determining Feasibility of Goals

In order to determine how reasonable a goal is, all obstacles to achieving that goal must be explored. The desired goals must be viewed in light of what resources are available to your community and what forces of resistance exist in the community which may interfere with goal achievement. What outside forces affect the goals? Knowledge of health care financing and legislation may be needed.

The Core Action Group can obtain this information or locate resource people who can help the community members understand the implications of the identified goals and factors influencing on their plans. Perhaps some community members who have been involved in the assessment process have health care planning experience.

Activity 2: Town Meeting(s)

The Core Action Group should plan a Town Meeting at this point so all members of the community can meet together to discuss how to reach their goals for solving the health care problem(s). Information affecting the possibilities of reaching the goals should be presented by Core Action Group members, other members of the community, and resource people knowledgeable about such areas as health care financing, planning, and legislation. Depending on the priority and the goal(s), several Town Meetings may be needed in order to adequately discuss the resources available in the community, county and state, people who can help and problems which can occur. This information is used to develop a plan of action to implement the goals.

Activity 3: Devising a Plan of Action

The Core Action Group can help develop a plan of action. The plan should include for each goal what should take place, when it should take place and who is responsible. The group might obtain assistance from various sources across the state. Your agricultural extension agent and the Texas Rural Health Field Services Program are two resources. Goals and possible plans should be publicized through local media (newspapers, radio, television). Fliers may be distributed to advertise meetings or to disseminate information. A meeting of community members must be held to review the entire process and vote for a final choice of a plan.

The recommended plan of action should be introduced to the public and attempts should be made to help community members understand why it is

recommended--How does this plan best solve the problem(s)? Community residents will also need specific answers to questions like who will provide and finance services, and what is expected of them as community members.

Activity 4: Review and Evaluate Step Four

Once a plan of action has been decided upon, you will have completed the fourth and final step of community assessment. Your initial concern and determination to organize the community and solve a mutually felt problem has resulted in a very specific set of recommendations, which should put your community on a straight path to implementing this plan of action.

Review Step four by completing the following check list:

Identified resource people to meet with neighborhood area groups to discuss the implications of identified goals _____

Scheduled Town Meeting(s) to discuss goals _____

Identified a plan of action _____

Publicized the goals and suggested plans of action _____

Decided on a final plan of action _____

Requested technical assistance for implementation of the plan of action, if needed _____

Evaluate Step four by answering the following questions:

Do community members feel satisifed that problem(s) will be solved if goals are implemented?

Did the Town Meeting discussions about the plan of action increase the interest and participation of community members?

If "yes," Congratulations! You have completed the Community Health Assessment. If no, review Step Four and continue Town Meetings and working with experts until you are able to identify a plan of action.

This handbook will have accomplished its goal if you and members of the community can look back over the past months of activity and have a strong feeling of accomplishment. In the future months of action plan implementaion, community members and the Core Action Group should look ahead with unity and pride to a time in the future when the deliberated goals are a reality.

Congratulations!

DATA OUTLINE FOR COMMUNITY HEALTH ASSESSMENT

by Mary Walker *

The following list is an example of the kinds of information a Community Health Assessment might include. The purposes of gathering this set of data are: (1) to develop a profile of the characteristics of the community and how they have changed over time, and (2) to identify both possible health related problems and resources for solving these problems.

I. General and Geographic Information
- A. Name of community
- B. Name of county
- C. Name of state
- D. Standard Metropolitan Statistical Area
  1. Non - SMSA
  2. SMSA
- E. Breakdown of how community spends its tax dollar
- F. Name of the state planning region
- G. Name of the nearest trading region
- H. Distance, in highway miles, to the nearest SMSA area
- I. Weather
  1. Total average annual rainfall
  2. Average annual number of days between killing frost
  3. Total average annual snowfall
  4. Average annual number of days over 90 degrees
  5. Average annual number of days under 32 degrees
- J. Transportation
  1. Local
     a. Presence/absence
     b. Kind (taxi's, buses, etc.)
  2. Regional/state or national - (Trains, airlines, etc.)
     a. Presence/absence
     b. Kind of service
     c. Frequency
  3. Personal transportation
     a. Number of individuals with their own transportation
     b. Kind of transportation
- K. Roads
  1. Condition
     a. Paved
     b. Unpaved
  2. Access to
     a. Paved farm road
     b. State highway

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*Mary Walker, R.M., Ph.D., is the Program Director of the Texas Rural Health Field Services Program and a Lecturer at The University of Texas at Austin, School of Nursing, Austin, Texas.

c. Interstate highway

L. Terrain
   1. Forests
   2. Plains
   3. Mountains
   4. Foothills - hilly
   5. Desert (arrid-semi-arrid)

M. Local government
   1. Type
   2. Responsibility

N. County government
   1. Type
   2. Responsibility

Sources of Information: Census Data, State Industrial Commission, Highway Department, Weather Department, Almanac, The Grange, the Community, the Health Systems Agency and the Farmer's Home Administration.

II. Population

A. Comparison of community/county
   1. Total population for 1950, 1960, 1970, 1980 for
      a. Community
      b. County
   2. Percent of population change for 1950 - 1960, 1960 - 1970, 1970 - 1980
      a. Community
      b. County
   3. Population projection for 1985
      a. Community
      b. County
   4. Distribution by race in percent
      a. Community
      b. County
   5. Distribution by age in percent
      a. Community
      b. County
   6. Distribution by sex in percent
      a. Community
      b. County
   7. Income
      a. Average family income
         1. Community
         2. County
      b. Percent below poverty level
         1. Community
         2. County
      c. Percent receiving public assistance
         1. Community
         2. County
      d. Rate of unemployment
         1. Community
         2. County

B. Characteristics of the community
   1. Number of persons/family
   2. Head of household - male
   3. Head of household - female
   4. Total county of persons
   5. Population Characteristics
      a. Age distribution by sex
      b. Age distribution by race
   6. Ethnic or subgroups present in the community
   7. Income
      a. Total population
         1. Average family income
         2. Number of persons below poverty level
         3. Number of persons receiving public assistance by program
         4. Number of persons unemployed
         5. Breakdown of income of families
      b. By race - categories 1-5 for each race

Sources of Information: Local Library, Census Data, Employment Commission, Chamber of Commerce, State Welfare Department, Social Security Administration, the Health Systems Agency and the Regional Office of the Department of Labor.

III. Health characteristics of the community

A. Infant mortality 1960, 1970, 1980
   1. For total population
   2. For each race
B. General mortality - by cause of death 1960, 1970, 1980
   1. For total population
   2. For each race
C. Morbidity by disease (usually only available for infectious diseases VD, TB, etc.) 1960, 1970, 1980
   1. For total population
   2. For each race
D. Immunization levels for DPT/Td, Polio, Measles and Rubella 1970, 1980
   1. For children
   2. For adults
E. Occupation - related health problems
   1. Type
   2. Number
   3. Deaths per type
F. Accidents 1960, 1970, 1980
   1. Type (car, farm)
   2. Number
   3. Deaths per type
G. Pregnancy outcomes (includes abortions, live birth, miscarriages, still births)
   1. For total female population
   2. For each race

Sources of Information: Health Systems Agency, State and Local Health Departments, Communicable Disease Center in Georgia, State Highway Department, Police Department, and National Institute for Occupational Safety and Department of Health and Human Resources Regional Offices

IV. Education

- A. Level of education
  - 1. Total population
  - 2. By sex
  - 3. By race
- B. Name of principal school district serving the community
- C. Is the community served by
  - 1. A private school
  - 2. A parochial school (church affiliation)
- D. Average daily attendance for the school(s) in the community by school for yearly for past 3 years
  - 1. Grades 1-8
  - 2. Grades 9-12
- E. Total enrolled for the school(s) in the community by school for yearly for past 3 years
  - 1. Grades 1-8
  - 2. Grades 9-12
- F. Health Education
  - 1. School nurse
    - a. Presence/absence
    - b. Responsibilities
  - 2. Health courses
    - a. Presence/absence (in schools and community)
    - b. Topics

Sources of Information: State Education Agency, Local Board of Education, School Principal, Census Data and Local Health Department Office

V. Religion

- A. Number of churches
- B. Denominations of churches
- C. Health activities of churches
  - 1. Counseling available - type
  - 2. Sponsoring of health activites - type

Sources of Information: Ministers of local churches, Secretaries of local churches and Main Office of individual demoninations

VI. Social and Cultural

- A. Museums
  - 1. Number
  - 2. Type

B. Symphony, Ballet, Theater
   1. Number
   2. Type
C. Library
   1. Number of volumes
   2. What kind of health books, pamphlets are available
   3. If there is no library in the community, how close is the nearest library in highway miles
D. List of clubs and organizations in the community (Lions Clubs, Garden Clubs, etc.)
   1. Projects related to Health
   2. Health Services
E. Yearly community events (picnics, festivals, fairs, etc.)
F. Parks
   1. Number
   2. Type
   3. Location
   4. Size
   5. Facilities
G. Recreational facilities other than those located in parks (swimming pool, tennis court, etc.)
H. Entertainment
   1. Restaurant(s)
   2. Night club, or bar
   3. Pool hall
   4. Movie
   5. Other
I. Sports
   1. Type - basketball, baseball
   2. Participants
J. Telephone
   1. Percent of population who have phone
   2. Type of service
      a. Switchboard/Direct dial
      b. Party line/Individual line
K. Newspaper
   1. Number
   2. Daily, weekly or monthly
   3. Interest in communicating health/medical information
      a. Health column
      b. Periodic series of articles addressing health problems
      c. Information on health care in the community
      d. Interviews with health professionals
L. Radio and Television
   1. Available to community from larger communities
   2. TV and/or radio stations in community
      a. Number
      b. Type
      c. Interest in communicating health information
         (1) Health programs
         (2) Interviews with health professionals
         (3) Discussion of health topics

M. Post Office
   1. Present in the community
   2. Nearest post office, in miles, if one is not located in the community

Sources of Information: State and Local Chambers of Commerce, Community Directory, Librarian, Phone Company, State Office of Parks and Wildlife, Community Newspaper, and/or Radio and TV Stations, Your Own Observations and Conversations with Individuals in the Community

VII. Services

Environmental Services

A. Water
   1. Water supply
      a. Presence/absence
      b. Type (well, river, treated, untreated, percent distribution)
      c. Owner - private, community
   2. Meets regulations
      a. City
      b. State
   3. Population which has access to water supply

B. Sewage system
   1. Sewage System
      a. Presence/absence
      b. Type
      c. Owner
   2. Meets regulations
      a. City
      c. State
   3. Population which has access to sewage system

C. Solid Waste Disposal
   1. Solid waste disposal system
      a. Presence/absence
      b. Type (burning, dumping, etc.)
      c. Owner
   2. Meets regulations
      a. City
      b. State
   3. Population which has access to solid waste disposal system

D. Pollution
   1. Presence/absence
   2. Type
   3. Regulations dealing with smoke, odor, noise

E. Electrical Power
   1. Presence/absence
   2. Owner
   3. Population which has access to electricity

F. Natural gas
   1. Presence/absence
   2. Owner
   3. Population which has access to natural gases

G. Pest Control
   1. Responsibility
   2. Effectiveness of control measures

Sources of Information: State and Local Health Departments, Residents of the Community, Chamber of Commerce, Air Quality Board and Water Resources Board.

Law Enforcement, Fire Services

A. Police protection
   1. Type
   2. Personnel
   3. Location
   4. First aid or health course as part of training-type
   5. Hours available
B. Fire protection
   1. Type
   2. Personnel
   3. Location
   4. First aid or health course as part of training-type
C. Court services
   1. Type-Municipal, county, etc. - probation, jail
   2. Location

Sources of Information: State Bar Associaton, Chamber of Commerce, Fire Department, Police Department, Highway Department and Individuals in the community.

Health Services

A. Hospitals and Nursing Homes
   1. Presence/absence
   2. Type
   3. Number of beds
   4. Occupancy rate
   5. Services provided
   6. Source of financial support
B. Emergency Medical Services (Ambulance service)
   1. Presence/absence-nearest one
   2. Type
   3. Personnel
   4. Equipment
   5. Type of training-EMT, Paramedic
   6. Hours available
C. Funeral Home
   1. Presence/absence - nearest one
   2. Other services provided besides burial, i.e., ambulance
D. List of services provided to the community by
   1. Federal programs
   2. State programs
   3. County programs
   4. Voluntary programs (United Fund, Red Cross)

E. Mental Health Services
   1. Presence/absence
   2. Type
   3. Location of nearest services
F. Other health professionals who are delivering care in the community
   1. Type of professional
   2. Services provided (general description)
G. Pharmacy
   1. Presence/absence - nearest one
   2. Services provided besides dispensing of medication by prescription
   3. Date pharmacy opened
H. Nearest medical center in highway miles
I. Emergency Room
   1. Presence/absence - nearest one in highway miles
   2. Kind
      a. 24-hour Staffing
      b. Doctor on call
      c. Present but provides no services

Sources of Information: State Hospital Associaton, State Medical Association, State Nurse's Association, State Nursing Home Association, State Health Professional Boards, State Health Department, Regional Office of Health System Agency, Community Phone Directory, Community Leaders and Residents.

VIII. Industry

A. Banks - Savings and Loan
   1. Number
   2. Type
   3. Deposits for 1970, 1975, 1980
   4. Assets for 1970, 1975, 1980
   5. Deposits per capita for 1970, 1975, 1980
B. Retail sales
   1. Per capita for 1975, 1980
      a. Food
      b. General merchandise
      c. Furniture and household appliances
      d. Automotive
      e. Drugs
C. Manufacturing
   1. New total manufacturing plants built in 1970, 1975, 1980
   2. Total manufacturing plant expansions for 1975-1980
   3. Name of the largest manufacturing plant
      a. In community
      b. In immediate area
      c. Type of products
   4. Number employed in the largest manufacturing plant
      a. In community
      b. In immediate area

5. Company health plans
    a. Presence/absence
    b. Type
    c. Location(s) and provider(s) of care employee receives

D. Agriculture
    1. County agriculture employment for 1970, 1975, 1980
    2. Total number of farms in the county for 1970, 1975, 1980
    3. Average size of farms in the county

Sources of Information: State Banking Association, State Industrial Commission, Chamber of Commerce, the Mayor, State Agricultural Department and Agriculture Extension Agent.